

INVITATION TO BID



SOLICITATION NO: **40023-S24001**

ISSUE DATE: April 27, 2023

VENDOR NAME AND ADDRESS

BID CLOSING DATE AND TIME:

May 18, 2023 @ 10:00 AM CST

RETURN BID VIA FAX OR EMAIL:

SharonJones@NorthshoreCollege.edu

NORTHSHORE TECHNICAL
COMMUNITY COLLEGE
LACOMBE – STEM CAMPUS
65556 CENTERPOINT BLVD
TAMMANEND BUSINESS SUBDIVISION
LACOMBE, LA 70445

Purchasing Manager: SHARON JONES
PHONE: 985-545-1225
FAX: 985-545-1281
FISCAL YEAR: 24

*** FILL IN VENDOR NAME AND
ADDRESS ABOVE BEFORE SUBMITTING**

42300000

Medical Training and Education Supplies

INSTRUCTIONS TO BIDDERS

1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS.
2. FILL IN ALL BLANK SPACES
3. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTION, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALIZED BY THE BIDDER.
4. BIDS CONTAINING "PAYMENT IN ADVANCE"/"C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER.
5. SPECIFY YOUR PAYMENT TERMS: _____. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS.

THE BIDDER CERTIFIES:

- COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS, AND SPECIFICATIONS.
- THIS BID IS MADE WITHOUT COLLUSION OR FRAUD.
- THAT IF MY BID IS ACCEPTED WITHIN _____ DAYS FROM BID CLOSING TIME, MY FIRM WILL FURNISH ANY OR ALL OF THE ITEMS (OR SECTIONS) AT THE PRICE OPPOSITE EACH ITEM (OR SECTION)
- DELIVERY WILL BE MADE WITHIN _____ DAYS AFTER RECEIPT OF ORDER.
- BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.
- IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR. ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.

VENDOR TELEPHONE NUMBER: _____ TITLE: _____

DATE: _____ EMAIL: _____

FAX NUMBER: _____ SIGNATURE: _____

- 1 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE AND ADDRESS SHOWN ABOVE.
- 2 BID FORMS: ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON AND IN ACCORDANCE WITH, FORMS PROVIDED, PROPERLY SIGNED BIDS.
- 3 BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED. BID OPENING: BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING.
- 4 AWARDS: NTCC RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED OR ON AN ALL-OR-NONE BASIS AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES.
- 5 PRICES: UNLESS OTHERWISE SPECIFIED BY NTCC IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC) AS SPECIFIED IN THE BID.
- 6 DESCRIPTIVE INFORMATION: BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, AND TECHNICAL DATA) SUFFICIENT FOR NTCC TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED.
- 7 CONTRACT RENEWALS: UPON AGREEMENT OF NTCC AND THE CONTRACTOR, A TERM CONTRACT MAY BE EXTENDED FOR 2 ADDITIONAL 12-MONTH PERIODS AT THE SAME PRICE, TERMS AND CONDITIONS. THE TOTAL CONTRACT TERM CANNOT EXCEED 36 MONTHS.
- 8 NTCC RESERVES THE RIGHT TO CANCEL THIS CONTRACT WITH A THIRTY (30) DAY WRITTEN NOTICE.

Preferences: IN ACCORDANCE WITH LOUISIANA REVISED STATUTES 39:1595, A PREFERENCE MAY BE ALLOWED FOR PRODUCTS MANUFACTURED, PRODUCED, GROWN, OR ASSEMBLED IN LOUISIANA OF EQUAL QUALITY.

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY THE LINE NUMBERS: _____

SPECIFY LOCATION WITHIN LOUISIANA WHERE THIS PRODUCT IS MANUFACTURED, PRODUCED, GROWN OR ASSEMBLED:

DO YOU HAVE A LOUISIANA BUSINESS WORKFORCE? YES: _____ NO _____

IF SO, DO YOU CERTIFY THAT AT LEAST 50% OF YOUR LOUISIANA WORKFORCE IS

COMPRISED OF RESIDENTS OF LOUISIANA? YES: _____ NO: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES
BIDDERS REPRESENTATION:

IN MAKING YOUR BID, EACH BIDDER REPRESENTS THAT: YOU HAVE READ AND UNDERSTOOD THE BID DOUCMENTS AND YOU BID HAS BEEN MADE IN ACCORDANCE HEREWITH: YOU HAVE VISITED THE SITE, IF REQUIRED, AND HAVE FAMILIARIZED YOURSELF WITH THE LOCAL CONDITIONS UNDER WHICH THE WORK IS TO BE PERFORMED.

ANY ORDERS RESULTING FROM THIS SOLICITATION WILL BE PAID WITH FY 24 FUNDS, IF APPROPRIATED BY THE LEGISLATURE. DELIVERY CANNOT BE MADE PRIOR TO JULY 1, 2023 AND YOUR BID PRICES MUST BE FIRM FOR ACCEPTANCE AT DELIVERY ACCORDINGLY.

THE QUANTITIES ARE ESTIMATED TO BE THE AMOUNT NEEDED. IN THE EVENT A GREATER OF LESSER QUANTITY IS NEEDED, THE RIGHT IS RESERVED BY THE STATE OF LOUISIANA TO INCREASE OR DECREASE THE AMOUNT, AT THE UNIT PRICE STATED IN THE BID.

IN AN EFFORT TO INCREASE EFFICIENCIES AND EFFECTIVENESS, AS WELL AS BE STRATEGIC IN UTILIZING TECHNOLOGY AND RESOURCES FOR THE STATE AND VENDORS, THE STATE INTENDS TO MAKE ALL PAYMENTS TO VENDORS ELECTRONICALLY. VENDORS WILL HAVE A CHOICE OF RECEIVING ELECTRONIC PAYMENT FOR ALL OTHER PAYMENTS BY SELECTING ELECTRONIC FUNDS TRANSFER (EFT). IF YOU RECEIVE AN AWARD AND HAVE NOT ALREADY ENROLLED IN EFT, YOU WILL BE ASKED TO COMPLY WITH THIS REQUEST BY CHOOSING ONE OF THE FOLLOWING THREE OPTIONS. YOU MAY INDICATE YOUR ACCEPTANCE BELOW.

EFT PAYMENTS ARE SENT FROM THE STATE'S BANK DIRECTLY TO THE PAYEE'S BANK. THE ONLY REQUIREMENT IS THAT YOU HAVE AN ACTIVE CHECKING OR SAVINGS ACCOUNT AT A FINANCIAL INSTITUTION THAT CAN ACCEPT AUTOMATED CLEARING HOUSE (ACH) CREDIT FILES AND REMITTANCE INFORMATION ELECTRONICALLY. ADDITIONAL INFORMATION IS AVAILABLE AT:

IF AN AWARD IS MADE TO YOUR COMPANY, PLEASE CHECK WHICH OPTION YOU WILL ACCEPT OR INDICATE IF YOU ARE ALREADY ENROLLED

<u>Payment Type</u>	<u>Will Accept</u>	<u>Already Enrolled</u>
LaCarte	_____	_____
Paper Check	_____	_____
EFT	_____	_____

Printed Name of Individual Authorized

Authorized Signature for payment type chosen

Date

Email address and phone number of Authorized Individual

PRICE SHEET:**INVITATION TO BID # 40023-S24001**

COMMODITY DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
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|----|--|---|-----|-------|-------|
| 1. | Practical Nursing Freshman Supply Bag:
All the following in a Branded bag/tote
with NTCC logo for supplies
Silk Screen Imprint 2 color <ul style="list-style-type: none"> ○ The bag can be shipped separately to expedite shipping <ul style="list-style-type: none"> • 2 each- Foley Insert Tray Closed System
14FR Sterile- 05-87-2002 • 1 each- Stethoscope ADC Adscope 603CE
scope- 02-80-619 • 1 each- Argyle Tracheostomy Care Kit with
Saline and Latex Free- 07-71-4780 <ul style="list-style-type: none"> ○ (2) Powder-free Nitrile gloves ○ Trach brush ○ Drape ○ 36" Twill tape ○ (2) Cotton-tipped applicators ○ (2) Pipe cleaners ○ (4) 4" × 4" Gauze sponges ○ Removable basin ○ Latex-free ○ Sterile • 1 each- Infection Control Bundle-pg 20- 03-11-1113 <ul style="list-style-type: none"> ○ (2) Personal protection kits (latex-free) ○ (10) NitrDerm® nitrile exam gloves (large) ○ Blue frame safety glasses • 1 each- BP cuff and penlight Bundle-02-11-1111 <ul style="list-style-type: none"> ○ Pocket Nurse® Blood Pressure Cuff, Adult ○ Pocket Nurse® Penlight, Disposable ○ Thermometer, Oral, Non-Mercury ○ Thermometer Sheaths • 1 each- Lister Bandage Scissor 4.5 in 08-58-1025 | 1 | KIT | _____ | _____ |
| 2. | SHIPPING per Kit for item 1 | 1 | EA | _____ | _____ |

3. Practical Nursing Refresher Bag 1 KIT _____
 All the following items packaged in
 An individual Bundle/Kit per student.

- **8 each**- Safety IV Catheter 20G x 1in Protectiv
- **2 each**- Demo Dose .9PCT Sodium Chloride IV Fluid 50 ML
- **2 each**- Demo Dose .9PCT Sodium Chloride IV Fluid 100 ML
- **1 each**- Needle Medication combo 01-37-4500
 - **(2 each)** Surgical gloves, powder-free, sterile pair, latex-free, size: 7.5
 - Exam gloves (Medium; 10/Pack)
 - Syringe only Luer lock, 5 mL
 - **(5 each)** Syringes only, Luer lock, 3mL
 - **(5 each)** BD SafetyGlide™ (3 mL; 25G x 5/8")
 - **(5 each)** BD SafetyGlide™ (3 mL; 23G x 1")
 - **(5 each)** BD SafetyGlide™ (3 mL; 22G x 1-1/2")
 - **(5 each)** BD SafetyGlide™ TB (1 mL; 25G x 5/8")
 - **(5 each)** BD SafetyGlide™ TB (1 mL; 27G x 1/2")
 - **(5 each)** BD SafetyGlide™ Insulin (0.3 mL; 29G)
 - **(5 each)** BD SafetyGlide™ Insulin (1/2 mL; 29G x 1/2")
 - **(5 each)** BD SafetyGlide™ Insulin (1 mL; 29G x 1/2")
 - **(5 each)** BD SafetyGlide™ Needle (25G x 5/8")
 - **(5 each)** BD SafetyGlide™ Needle (23G x 1")
 - **(5 each)** BD SafetyGlide™ Needle (21G x 1")
 - Demo Dose® Insuln regular vial 10 mL
 - Demo Dose® NPH Insuln vial 10 mL
 - **(4 each)** Demo Dose® Vial 10 mL
 - Demo Dose® Powder for Reconstitution 10 mL
 - Demo Dose® 2 mL Clear Ampule
 - Demo Dose® 1 mL Clear Ampule
 - Demo Dose® Inject-Ed™
 - Medicine Cup 1 oz. (10/Pack)
 - Souffle Medicine Cups (10/Pack)
 - **(2 each)** Packs (10/Pack) Alcohol prep pads
- **5 each**- IV Therapy bundle 01-37-3000.
 - IV Start Kit
 - Baxter CLEARLINK Continu-Flo Tubing Set 112"
 - Baxter CLEARLINK Secondary Tubing 37"
 - Catheter Extension Set with CLEARLINK Luer Valve
 - Baxter INTERLINK® Injection Site
 - Tegaderm™ Transparent Dressing
 - Demo Dose® Multi-Strength Powder 2g
 - Demo Dose® Water Vial

- 03-75-1101
- **2 each** - Isolation Gown Latex Free Non-Medical 03-75-41
- **1 each** - Safety Glasses - 03-75-2199-BLK
- **2 each** - E-Z Scrub Dry Brush Sterile 08-04-330
- **1 each** - Needle Blunt fill with Filter 18GX1.5IN Monoject 06-82-1022
- **5 each** - Safety Insulin Syringe 1 ml 29Gx5in Monoject 06-82-1110
- **2 each** - TB Syringe with Needle 29Gx5/8in Monoject 06-82-9626
- **2 each** SafetyGlide Syringe 2ith Needle 3ml 23Gx1 in 06-82-5905
- **2 each** - Hypodermic Needle 22Gx1in 06-82-6968
- **1 each** - Demo Dose Sterile Water 10ml 06-93-0619
- **1 each** Demo Dose Regular Insulin 100 units ml 10 ml 06-93-3003
- **1 each** - Demo Dose NPH Insulin 100 units ml 10 ml 06-93-3004
- **1 each** – Demo Dose Naloxon 0.4mg/1ml 1ml ampule – 06-93-8501
- 2 each-Baxter IV Catheter Extension Set with male Luer Lock Adapter 06-54-1194
- 5 each-Baxter CLEARLINK Continu-Flo Tubing Set 112" 06-54-8519
- 5 each-Baxter CLEARLINK Secondary Tubing 37" 06-54-7461
- 1 roll - Transparent Surgical tape (1" x 10 yards)
- **5 each** – PosiFlush Pre-Filled Syringe Saline Normal Flush 10 ml 06-82-6553
- **4 each** – Demo Dose 39PCT Sodium Chloride IV Fluid 06-93-1020-250ML
- **4 each** – Demo Dose .9PCT Sodium Chloride IV Fluid 06-93-1020-50ML
- **1 each** – Tegaderm Transparent Dressing 2-3/8" x 2-3/4"
- **2 each** – pk/10 Gauze sponge Surgical 8 Ply 4x4" Non-Sterile 10/Pk 05-PK-3342
- **1 each** – Pocket Nurse Dressing Change Tray with Abdominal Pad 05-51-7200
- **2 each** – OR Towels Reusable 18x29 inch Ciel Blue – 08-84-0531
- **1 each**- Blood Pressure Cuff, Adult– 02-20-5350P

6. Shipping **per kit** for item 5 1 EA _____

NOTES:

***A Sample kit is required to determine the "or equal" status. Kits may be returned after evaluation if a return label is included in the shipment. Bids submitted without a Sample Kit will be rejected.**

*To ensure the best pricing available, NTCC is a member of the following Purchasing Co-ops:

- MMCAP
- NCPA
- TIPS
- National IPA

- NASPO
- NJPA
- US Communities

*All Items listed on Bid are bid as an "OR EQUAL". Please specify what brand/model you are bidding on a separate, itemized list which is to be submitted with your official bid packet. Put cumulative total and shipping on bid form.

*Shipping should be quoted in a flat rate per each item

*These kits will be ordered for incoming nursing students. The number of kits ordered will vary per semester. There is no minimum quantity guarantee.